

M17000003153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

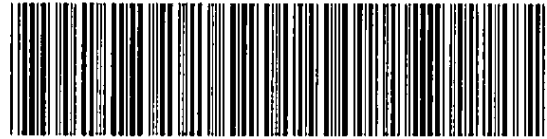
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 AUG 19 PM 4:41

19 AUG 19 AM 8:59

CLERK OF COURT
DIVISION OF CORPORATION

LLC
PA Resign.

08/22/19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2019

ABBIE/PAUL HODGE
WALK-IN

SUBJECT: THE ROBERT ALLEN DURALEE GROUP, LLC
Ref. Number: M17000003153

We have received your document for THE ROBERT ALLEN DURALEE GROUP, LLC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 619A00017189

PLEASE Keep original file date
Thank you!

19 AUG 24 PM 4:51

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/19/19

NAME: THE ROBERT ALLEN DURALEE GROUP, LLC

TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Florida Filing & Search Services Inc., hereby resigns as
Name of Registered Agent

Registered Agent for The Robert Allen Duralce Group, LLC

Name of Limited Liability Company

MI7000003153

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Paul D. Hodge

Signature of Resigning Agent

If signing on behalf of an entity:

PAUL D. HODGE

Typed or Printed Name

president

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
DIVISION OF STATE
CORPORATIONS
19 AUG 19 AM 8:59